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SEGRETARY OF STATE
ALLAHASSEE, FLORIDA

Just 17

COVER LETTER

TO:

Registration Section

Div	ision of Corporation	18				
SUBJECT:	PRODIGIOUS CAL					
		Name of	Limited Liability (ompany		
The enclosed Existence, ar	f "Application by For ad check are submitte	eign Limited Liability Comp d to register the above refer	pany for Authoriza enced foreign limit	tion to Tra ed liability	unsact Business in Florida," Ce c company to transact business	ertificate of in Florida.
Please return	all correspondence c	oncerning this matter to the	following:			
	ALINE DARM	OUNI				
		N	ame of Person			
	EXCO US ATF	RIUM				
		Fi	rm/Company	-		
	44 W FLAGLE	R STREET SUITE 2300				
			Address			
	MIAMI FL 331	30				
		City/S	tate and Zip Code			
	ad@excous.com					
		E-mail address: (to be used	d for future annual	report not	ification)	
For further in	aformation concerning	g this matter, please call:				
AL.	INE DARMOUNI		305 at (600 440		
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
Div Reg P.O	ision of Corporations gistration Section Box 6327 lahassee, FL 32314			Division Registrat Clifton B 2661 Exc	CADDRESS: of Corporations ion Section uilding ceutive Center Circle see, FL 32301	
	t check for the follow \$125.00 Filing Fee	ing amount: □ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Certi of Status & Certified Copy	ficate

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605/D02, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate	name adopted for the purpose of transacting business	on Florida. The alterna	te name must melude "Limited I	Lability Company," "LT C," or	11.60%
→ DELAWARE			-5198173	,	
	which foreign limited liability company is organized)			unber, if applicable)	
1 07/01/2017					
4. 07/01/2017	(Date first transacted business in Florida, if p	nor to registration r			
	(See sections 605 0904 & 605 0905, I' S. to'c		•		
5. 44 W FLAGLER ST	REET SUITE 2300 (Principal Office)	6. <u>SA</u>	(Mailing A	ddress	
MIAMI FL 33130					
				<u> </u>	
					→
7. Name and street addre	ess of Florida registered agent: (P.O.	Box NOT acce	ptable)	AHA	<u>₹</u> 11
	EXCO US ATRIUM			A.F.	=
Name:	1.XCO OS ATRIOM				' m
Office Address:	44 W FLAGLER STREET SUITE	3 2 3 0 0		<u>~</u> 55 €	
	MIAMI		, Florida <u>33130</u>	<u>≨</u>	P
	(City)		, riorida(Zip &	ade) Smile	
designated in this applic to comply with the provi	ptance: registered agent and to accept service ation, I hereby accept the appointme sions of all statutes relative to the pr ns of my position as registered agent	ent as registered oper and compl	agent and agree to ac	ct in this capacity. I fu	the place orther agre
Having been named as a designated in this applicate comply with the provisand accept the obligation 8. The name, title or cap	registered agent and to accept service ation. I hereby accept the appointmensions of all statutes relative to the properties of my position as registered agent (Pagkiered a pacity and address of the person(s) where the person is the person in the person	ent as registered oper and complete and comp	l agent and agree to ac lete performance of m	ct in this capacity. I fu y duties, and I am fam 	the place orther agre iliar with
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PRODIGIOUS CAPITAL, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE SEVENTH DAY OF JUNE, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRODIGIOUS CAPITAL, LLC" WAS FORMED ON THE NINETEENTH DAY OF MARCH, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 202668973

Date: 06-07-17

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